

10-13-04

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07/21/2004

LEONARD BLOOM & ASSOCIATES, LLC  
Intellectual Property Law Offices  
Suite 220  
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Towson, MD 21204

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Kelli Kittleson	(Depositor's name)
<i>[Signature]</i>	(Signature)
10-12-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
40/035,053	12/28/2001	Paolo Di Emidio	21429-PA 10/15/2004 AWONDAF2 00000101 10035053	2729

TITLE OF INVENTION: ANTI-TRAUMA SURGICAL PLATE USED TO FIX MANDIBULAR STUMPS

01 FC:2501 685.00 OP  
02 FC:1504 300.00 OP  
03 FC:8001 30.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$300	\$985	10/21/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS	\$30.00	\$1015	
DAVIS, DANIEL J	3731	606-069000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE PIERGIACOMI SUD-S.R.L.	(B) RESIDENCE: (CITY and STATE OR COUNTRY) FRAZIONE CENTOBUCHI VIA 81/MASTRADA, 3 MONTEPRANDONE (AP), ITALY 63030
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Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (No small entity discount permitted) <input checked="" type="checkbox"/> Advance Order - # of Copies <u>10</u> \$30.00	4b. Payment of Fee(s): <input checked="" type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number <u>02-2839</u> (enclose an extra copy of this form).
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5. Change in Entity Status (from status indicated above)  
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature) *[Signature]* (Date) 10-12-04

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